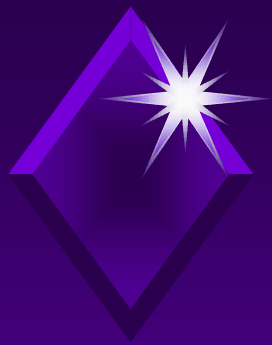


Recovery and the Elderly

Community Support Program Focus On Recovery

A Program of North Central Health Care



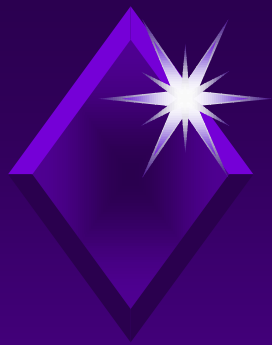
Presenters:

Toni Simonson, M.S.

Director & Clinical Coordinator – CSP-FOR

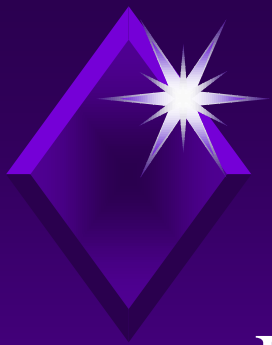
Kelly Iaffaldano, BSN

Registered Nurse – CSP-FOR



Objectives

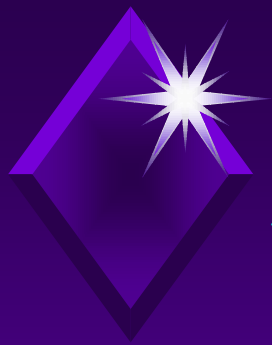
- ◆ Improve understanding of mental health issues in the elderly.
- ◆ Describe what recovery means in the elderly population.
- ◆ Discuss recovery strategies.



Overview

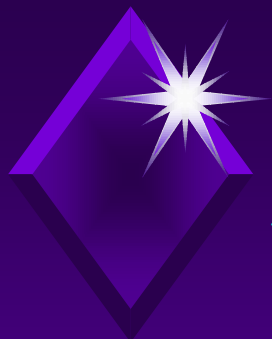
Elderly – what age defines being elderly?

Recovery – what does it mean? How can it be defined?



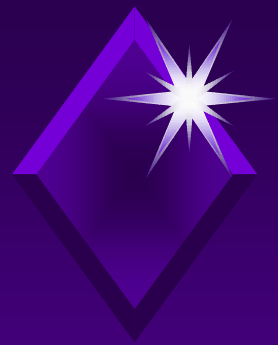
Risk Factors & The Elderly

- ◆ Changes in health
- ◆ Loneliness/isolation
- ◆ Life stress & social support
- ◆ Multiple losses
- ◆ Cognitive changes
- ◆ Chronic pain
- ◆ Medications
- ◆ Substance Use Issues



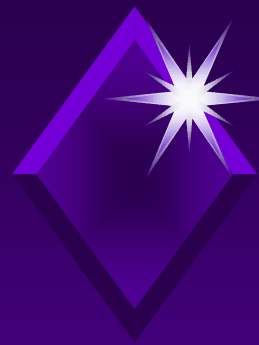
Recovery-Oriented Principles

- ◆ **A meaningful life is possible despite catastrophic illness.**
- ◆ **Consumers are partners in their care.**
- ◆ **Start where the consumer prefers to start.**
- ◆ **Promote consumer run services.**
- ◆ **Value meaningful activities.**
- ◆ **Support and facilitate consumers' abilities to self manage.**
- ◆ **Support use of community services.**



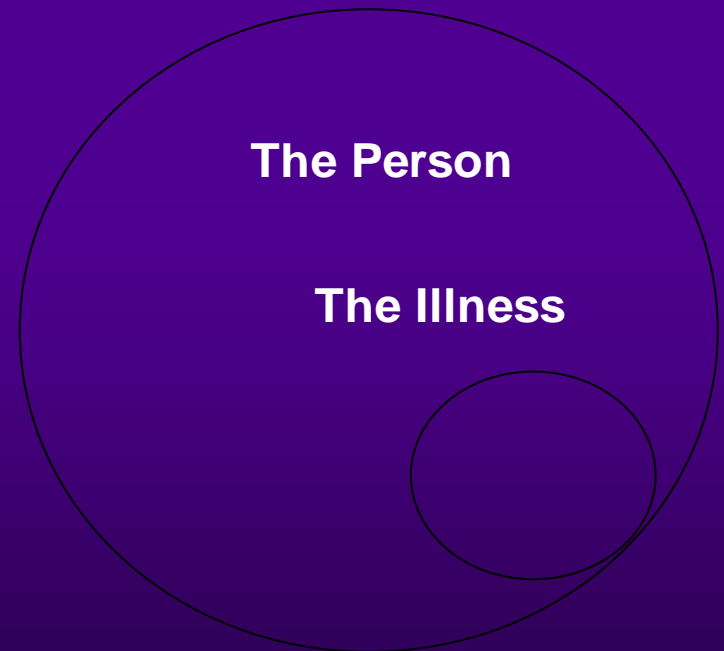
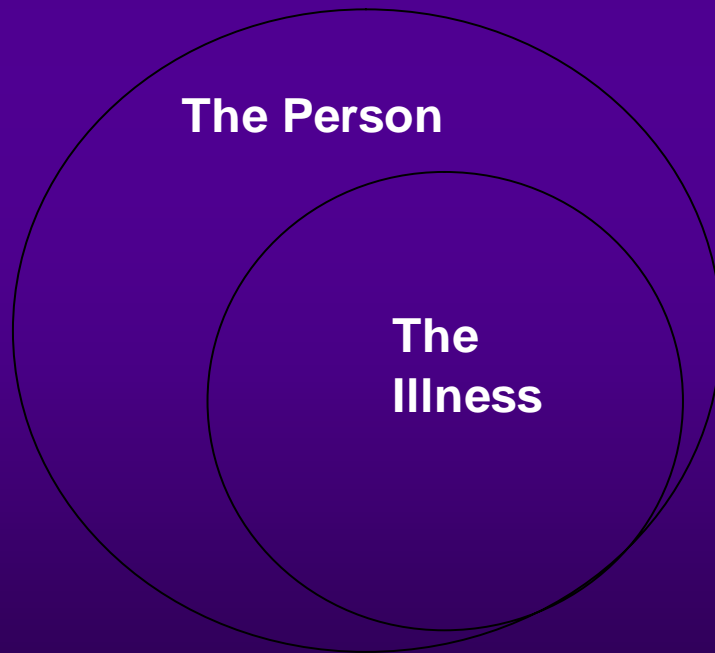
Can Older Adults Change??

- ◆ Older adults have a very good chance at recovery despite the myth that older adults can't change.



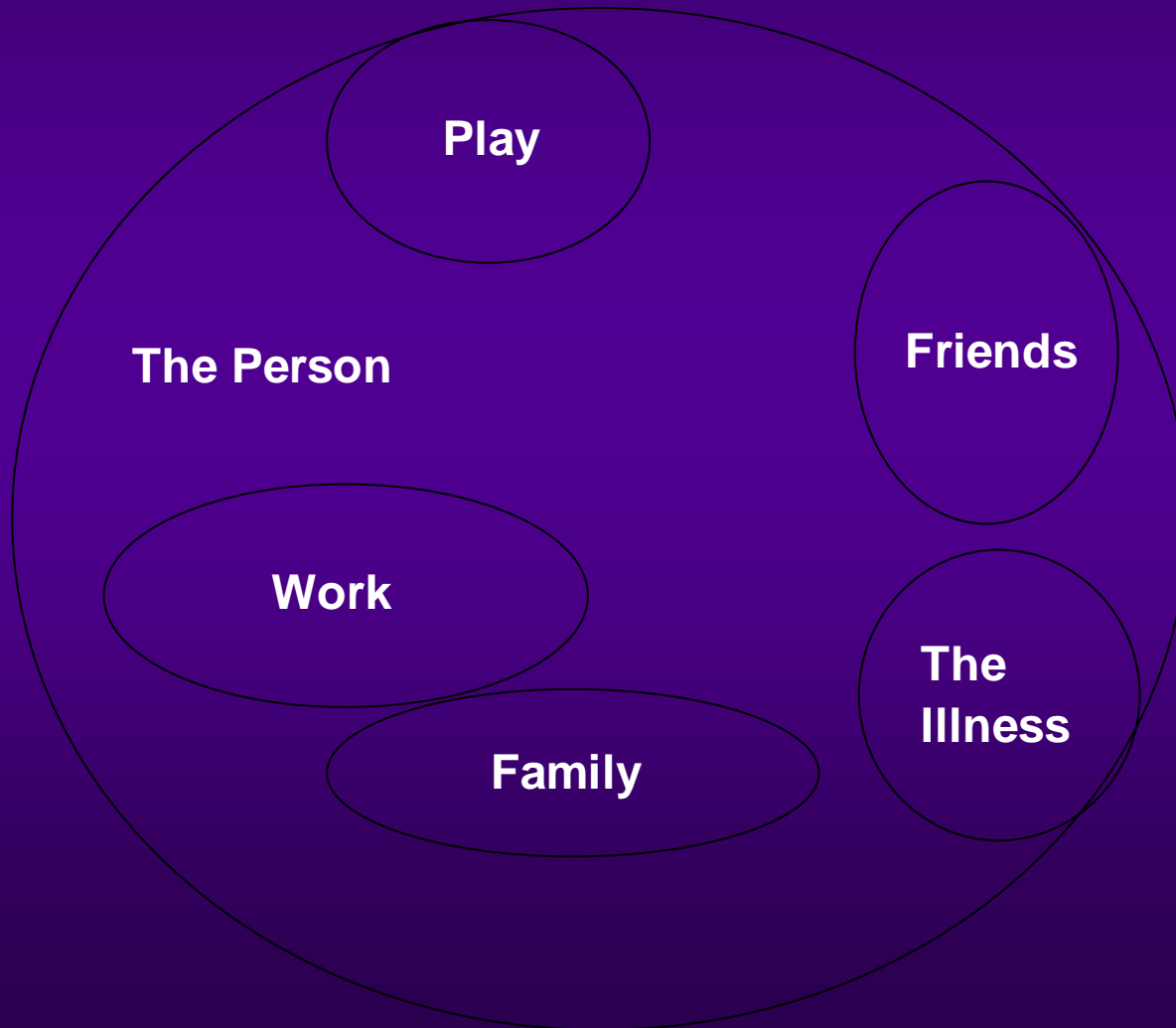
Process of Recovery

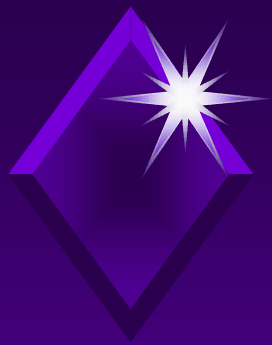
Recovering from a crisis can be conceptualized the same way as the general process of recovery.





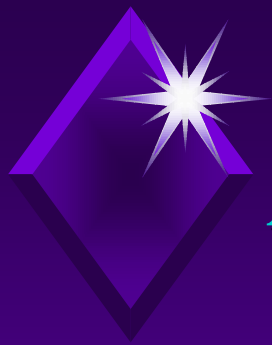
Process of Recovery





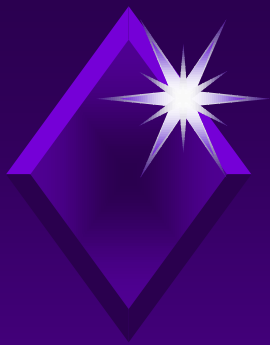
Collaboration

- ◆ Collaboration with physicians involved in the treatment of consumers is imperative.
- ◆ Aging & Disabilities Resource Center
- ◆ Local health care agencies (hospitals/clinics/VNA)
- ◆ Social Services
- ◆ Nursing Homes - Long-Term Care
- ◆ Supports
(family/natural/social)
(contracted in-home agencies)



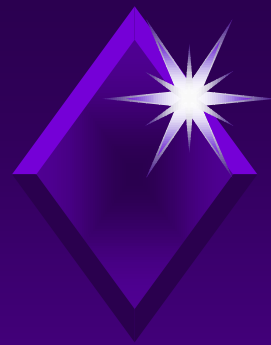
Assessment

- ◆ Initial Assessment – a brief assessment to address immediate issues and concerns.
- ◆ Physical Health Assessment – completed by Registered Nurse
 - ◆ Collateral involvement when possible.
- ◆ Comprehensive Holistic Assessment – (timeline) a assessment that contains information in all life domains from birth to present.
 - ◆ Collateral involvement when possible.



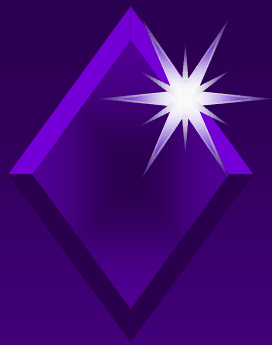
Complications & Complexities

- ◆ Co morbidity
- ◆ Support vs. dependency



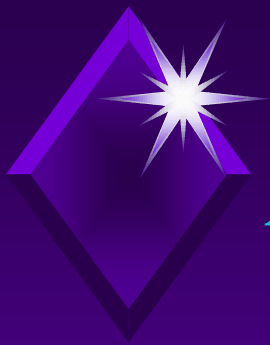
Concerns common in the Mentally Ill – Elderly population that are often missed by service providers.

- ◆ Urinary Tract Infections (UTI's)
- ◆ Adequate Nutrition
- ◆ Substance abuse



Substance abuse

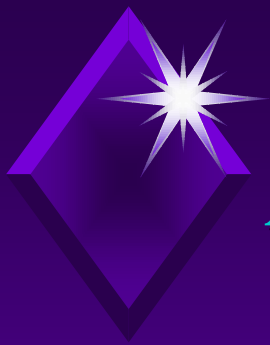
- ◆ Among the 25 million Americans over 65 yrs. of age, there is an estimated 2.5 to 3.7 million addicted to alcohol.
- ◆ Alcohol combined with medications can be lethal.
- ◆ Alcoholism exaggerates psychological problems – anxiety, depression and suicidal contemplation.



Alcohol & Substance Use

◆ Late Life Onset

- ◆ Use of alcohol or other substances may be the result of situations such as retirement, death of family and friends, or declining health.
- ◆ Some indications of alcoholism are self neglect, injuries, depressive mood, confusion and paranoia. (some of the very same indications of active mental illness)

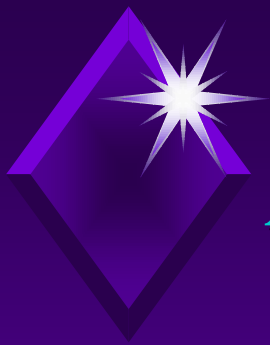


Alcohol & Substance Use

- ◆ Cultural norms & values
 - ◆ Culture in Central Wisconsin

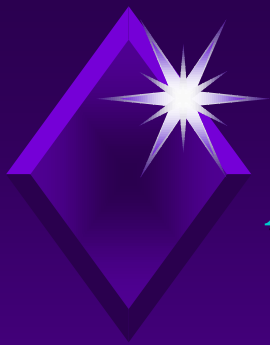


- ◆ Psychiatric problems in elderly consumers occur in the context of :
 - ◆ Physical
 - ◆ Mental
 - ◆ Social



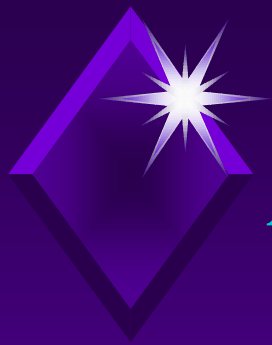
Aging – physical

- ◆ Among the population aged 65 years and older, a majority have at least one chronic physical disorder.
- ◆ Benefits of having Registered Nurses as part of treatment team.
 - ◆ Medication management can be quite complicated. (managing both physical health and mental health medications)



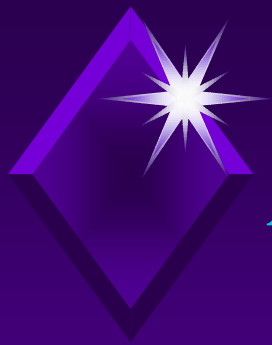
Aging - mental

- ◆ Psychoses in elders has a tendency to increase in frequency with some of the age-related conditions which include physical illness (Targum & Abbott, 1999).
- ◆ Remission of episodes of psychiatric disorder vary with aging, increasing (improving) for antisocial disorders, decreasing (worsening) for panic and obsessive compulsive disorders and remaining unaffected for major depression and phobias (Bland et al., 1997).



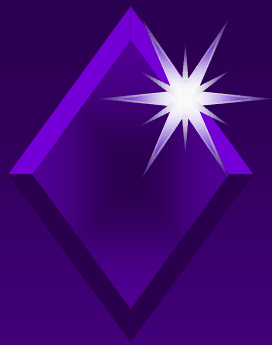
Aging - mental

- ◆ Depression is the most common psychiatric illness in the elderly population.



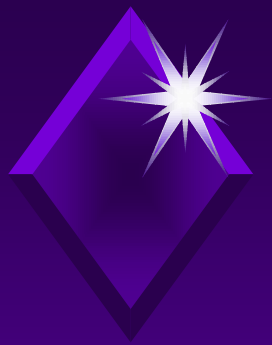
Aging – social

- ◆ The social milieu is a vital aspect of treatment.
 - ◆ Approximately one-third of older adults live alone.
 - ◆ Many have loss and grief concerns.
 - ◆ Loss of youth, loss of health, loss of loved ones, loss of independence, loss of roles, etc.
 - ◆ Lack of available transportation results in social isolation.



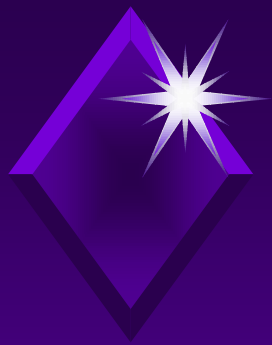
Spirituality

- ◆ Often overlooked or not addressed by health care providers.
- ◆ Studies have associated religiosity and religious practices with better mental and physical health in old age (Koenig, 1995). This association has been attributed to religion promoting healthier lifestyles, offering a sense of belonging and support and offering a framework within which to understand the meaning and purpose of one's life in times of crisis.



Spirituality & Coping

- ◆ Older adults frequently use spiritual beliefs and practices to cope with age-related stress.
- ◆ Spiritual involvement has been associated with fewer depressive symptoms (Koenig et al., 1992) and faster recovery from depression (Koenig et al., 1998).
- ◆ Spirituality can empower people.



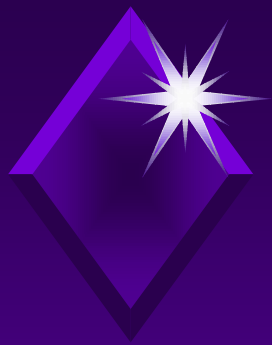
End-of-Life Issues

◆ Natural

- ◆ Plan for the inevitable - before it is a crisis situation.

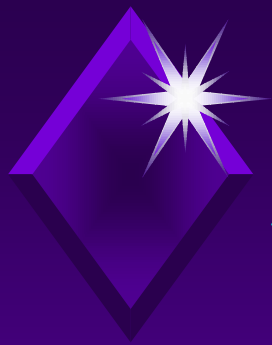
◆ Suicide

- ◆ Increasing age and physical illness are two of the factors associated with successful suicide
- ◆ Symptom of hopelessness should be carefully assessed in medically ill elders, as it is a risk factor for suicide.



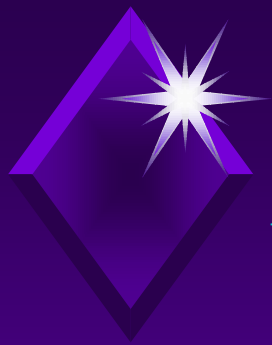
Quality of Life

- ◆ What is it?
- ◆ How can it be assessed?
- ◆ How can you help someone achieve a higher quality of life?



Recovery Planning

- ◆ Listen, Listen, Listen.
- ◆ Talk about life dreams/visions.
- ◆ Focus on strengths.
- ◆ Don't ask WHY.
- ◆ Use “A process of Inquiry”.
- ◆ Ask what, when, how, who and where.



Meaning, Purpose & Hope

“To know that even one life has breathed easier because I have lived. That is to have succeeded.”

Ralph Waldo Emerson

Reference: Sadavoy, Jarvik, Grossberg & Meyers, Comprehensive Textbook of Geriatric Psychiatry, Third Edition 2004